



Williamsburg Department of Recreation

REGISTRATION & RELEASE FORM

Name of Registrant: _____ Date of Birth (if under 18): _____

Name of Parent (if student is under 18 yrs. of age) _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Please check residency: Wmbg JCC York Other _____

E-Mail Address: _____

If you would like for this email to be used to get specific information about athletic programs, check here:	
If you would like your mailing address added to the <i>Leisure Times</i> , quarterly newsletter mailing list, check here:	

RELEASE AND INDEMNITY CLAUSE

Must be signed in order to participate with Williamsburg Parks and Recreation Activity.

In consideration and as a condition of the above identified registrant's participation in program(s) identified herein, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program(s).

Signature of Registrant (if over 18 yrs.), Parent or Guardian (if under 18 yrs.)

Date

(Print name of signature above)

CLASS/ACTIVITY

FEE

TOTAL FEES:

\$

NOTE TO PARENTS:

Please note that instructors are **NOT** responsible for students before or after scheduled times of programs.

Make Checks Payable to: **Williamsburg Recreation Department, 202 Quarterpath Rd., Williamsburg, VA 23185**